

FIG. 1A

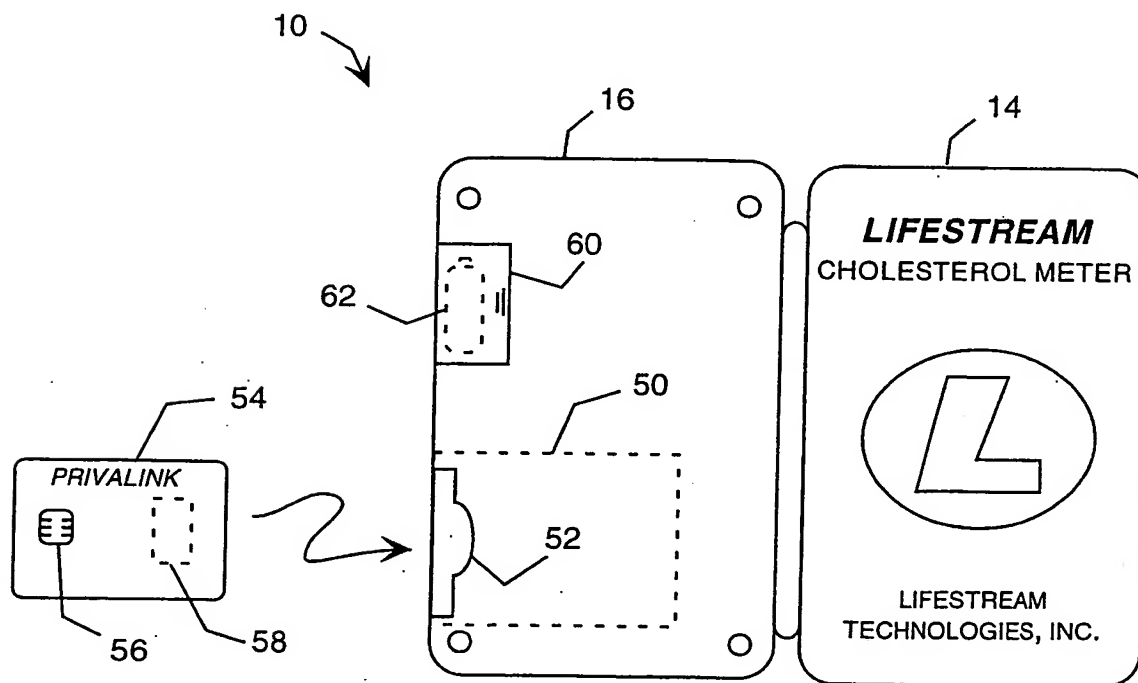
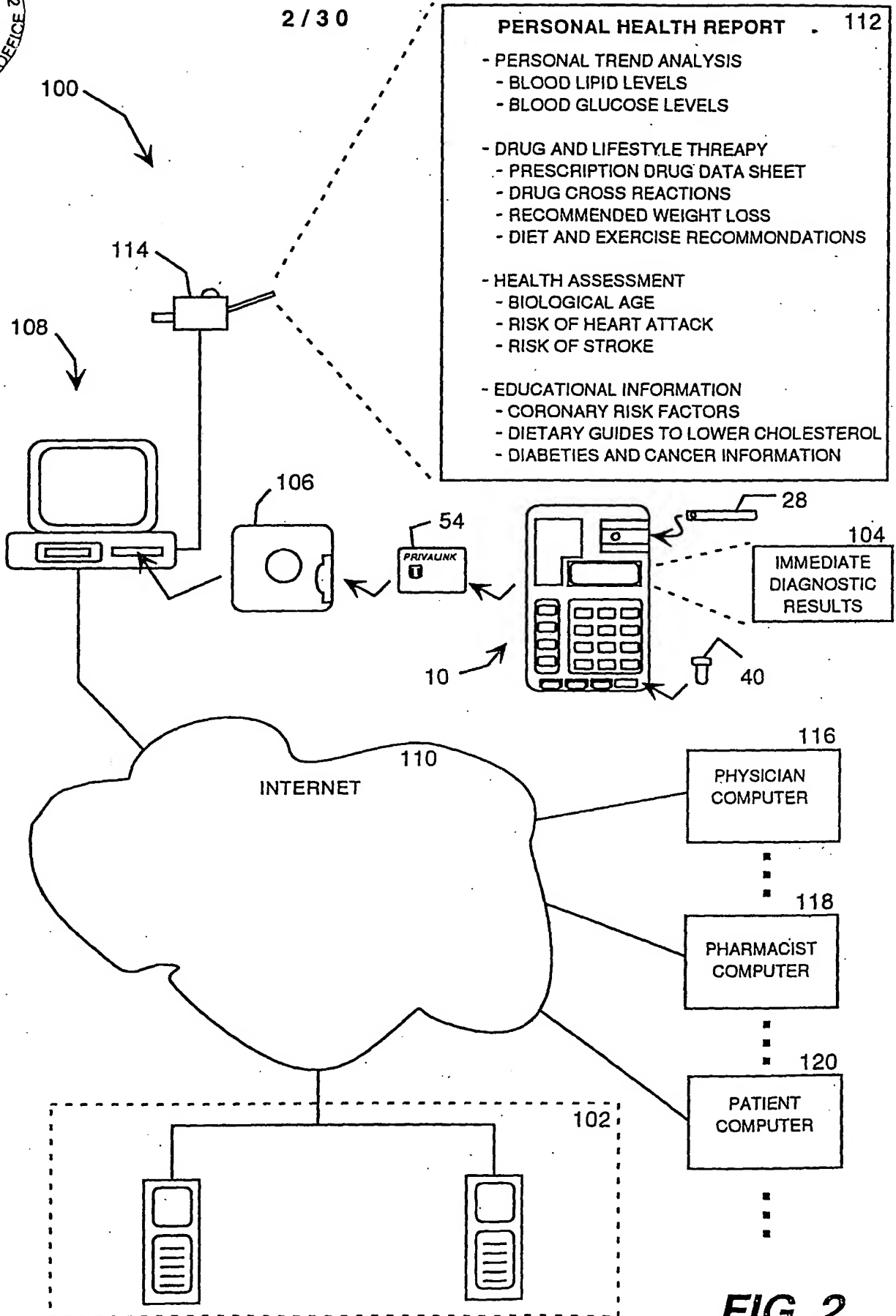
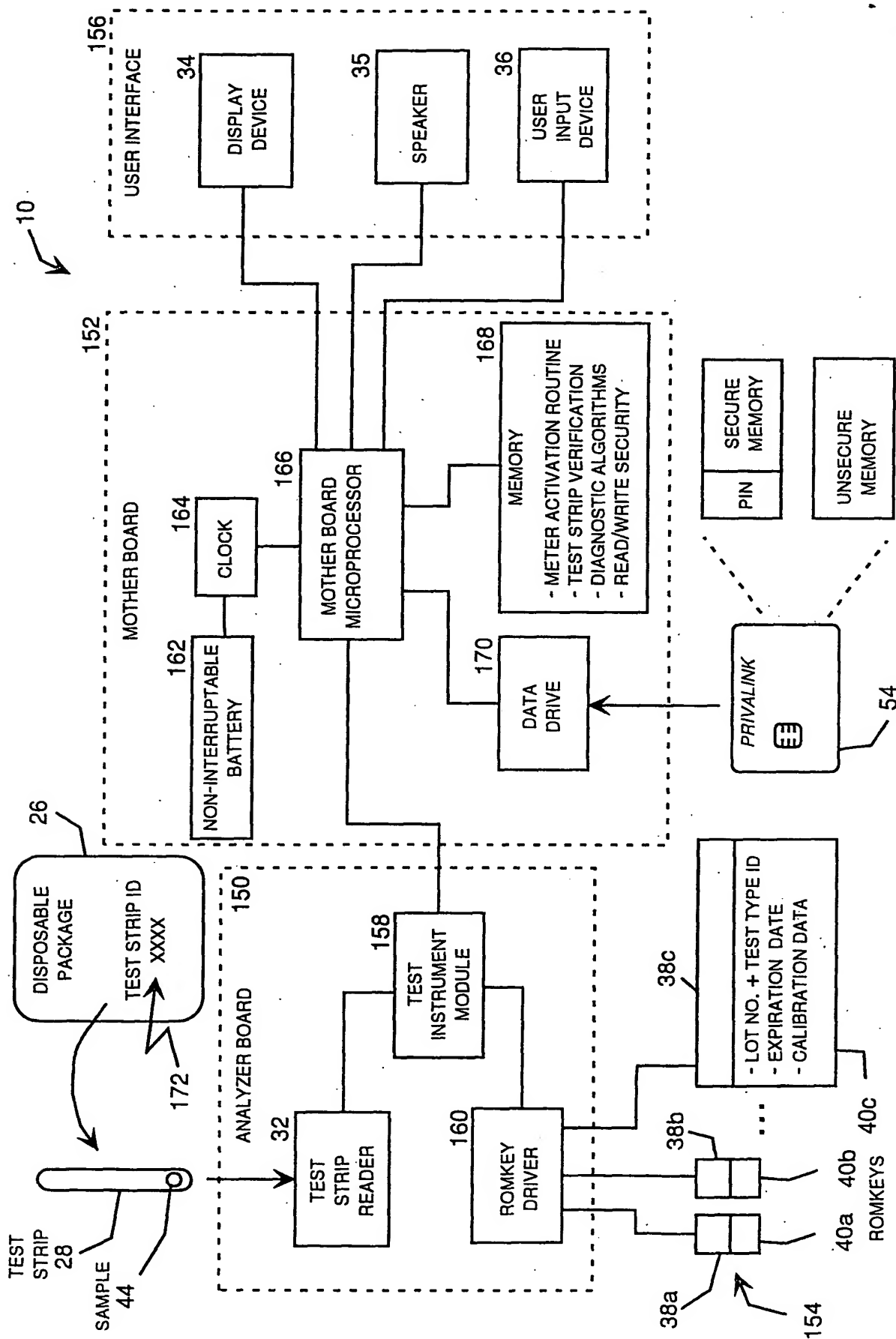


FIG. 1B



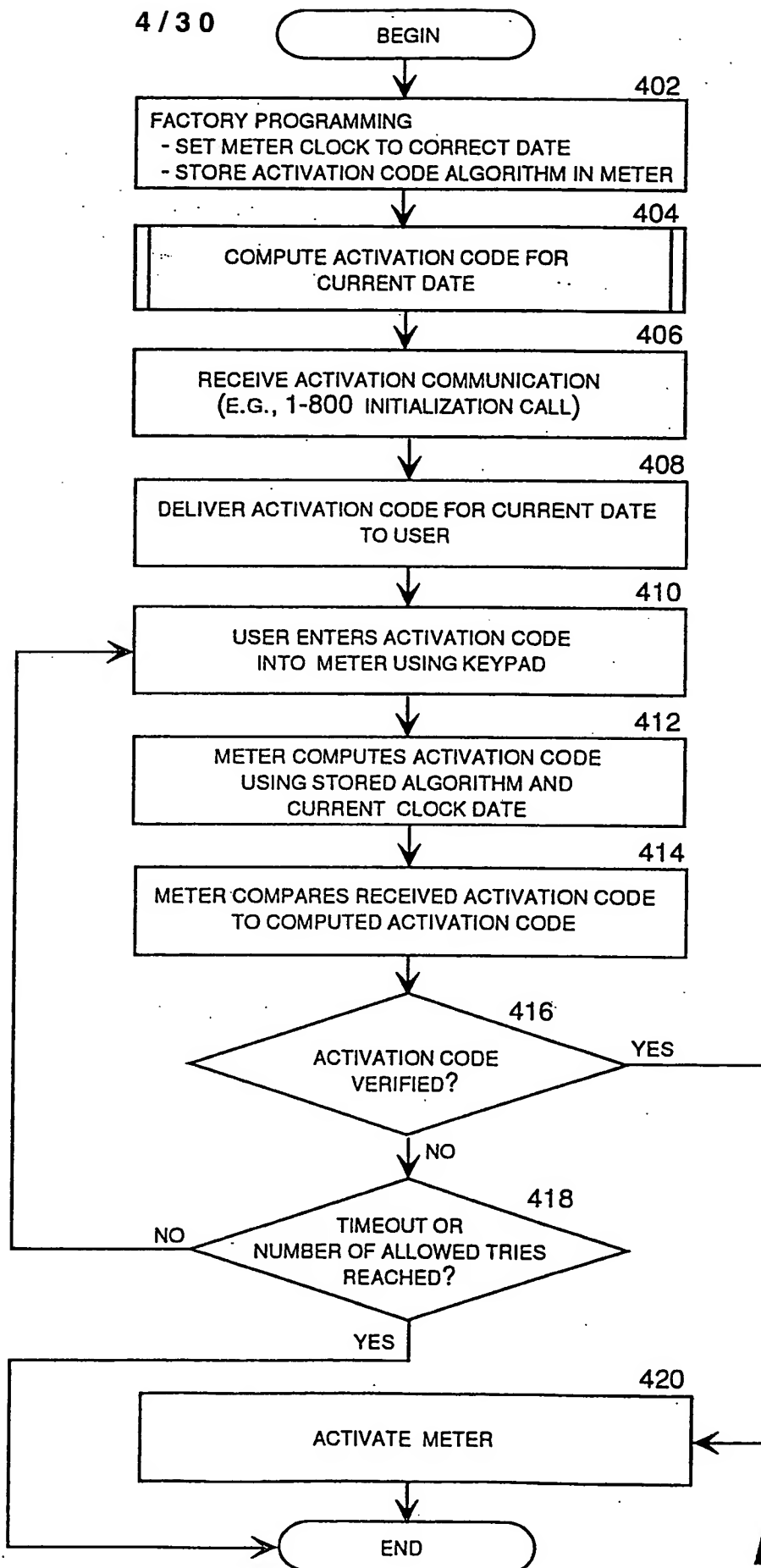
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METER
ACTIVATION
ROUTINE
400

FIG. 4



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COMPUTE
ACTIVATION CODE
ROUTINE
404

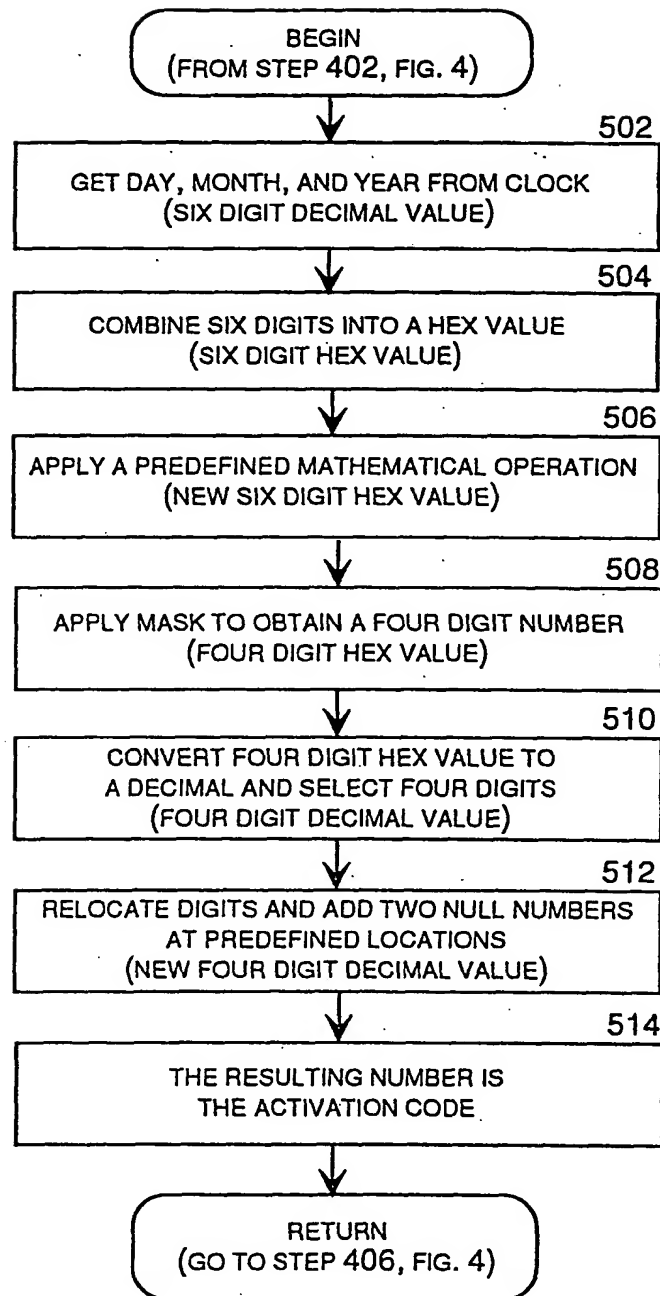
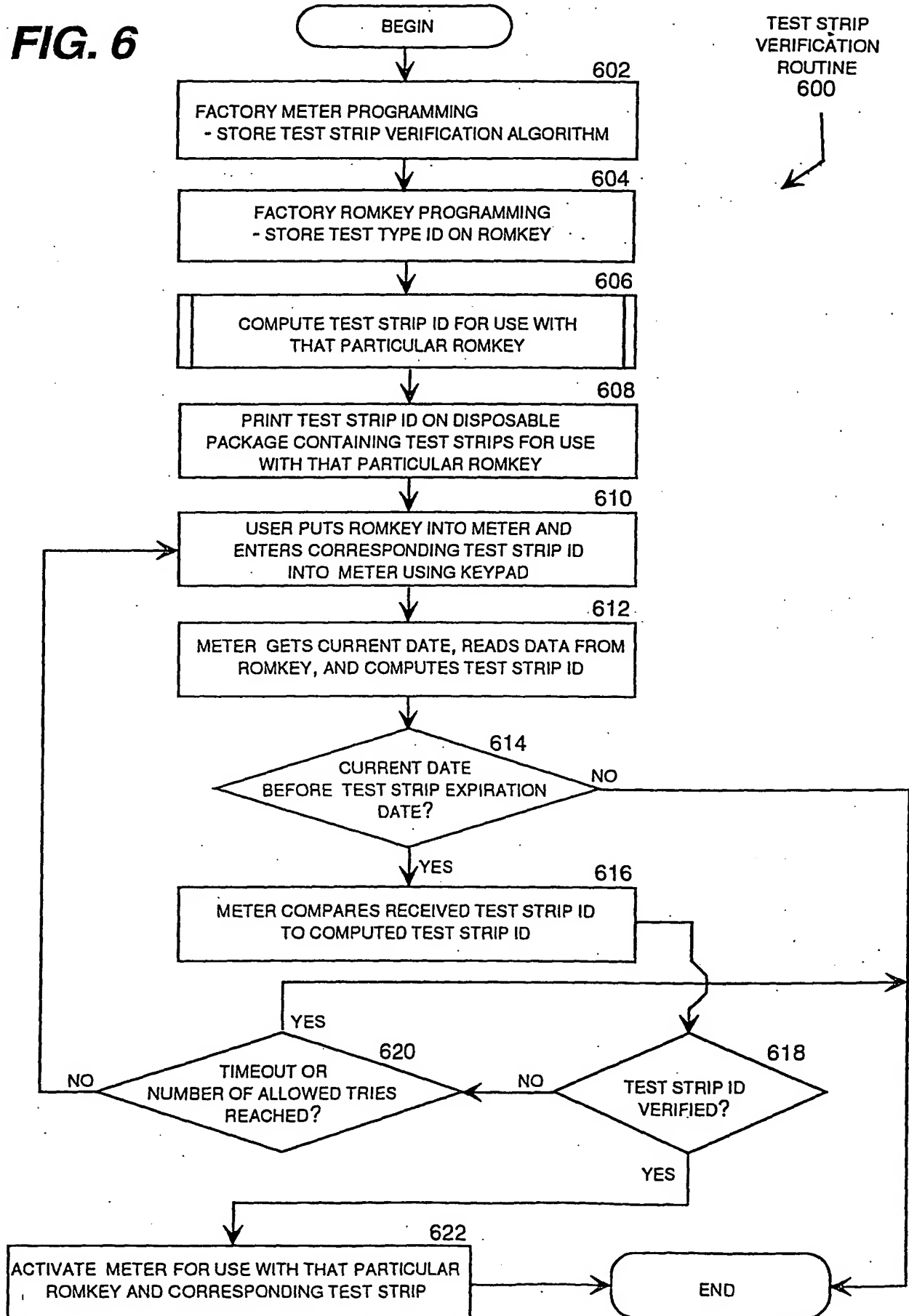


FIG. 5

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FIG. 6





7 / 3 0

COMPUTE
TEST STRIP ID
ROUTINE
606

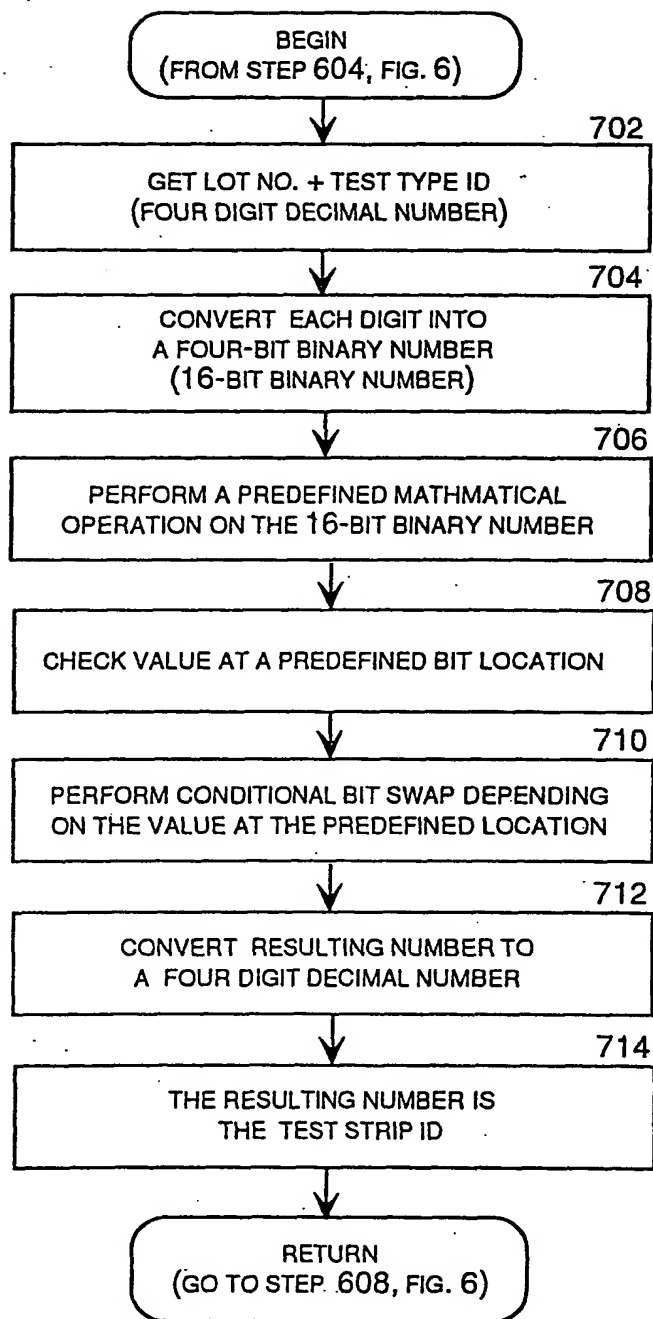


FIG. 7



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DIAGNOSTIC
PROGRAMMING
ROUTINE
800

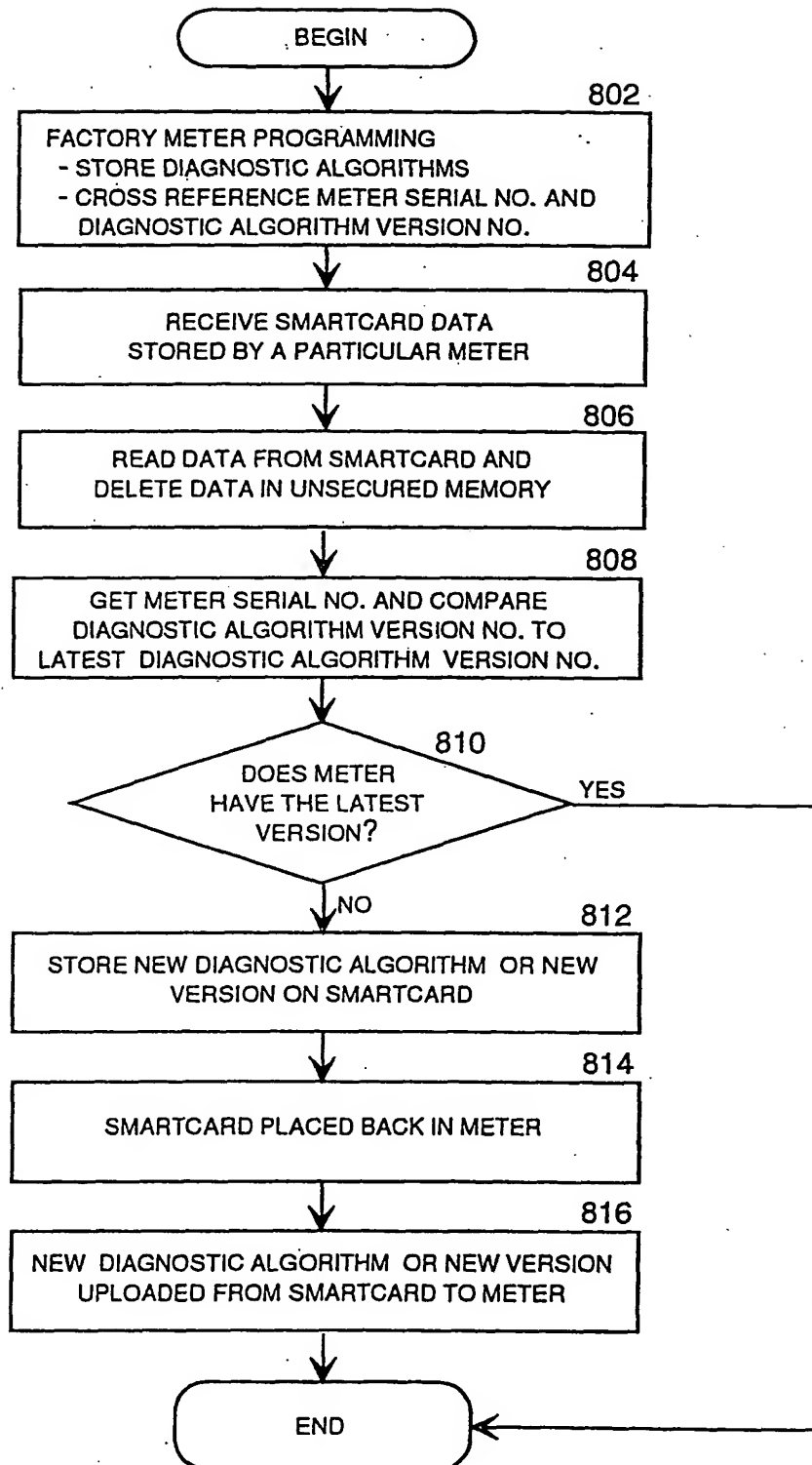


FIG. 8



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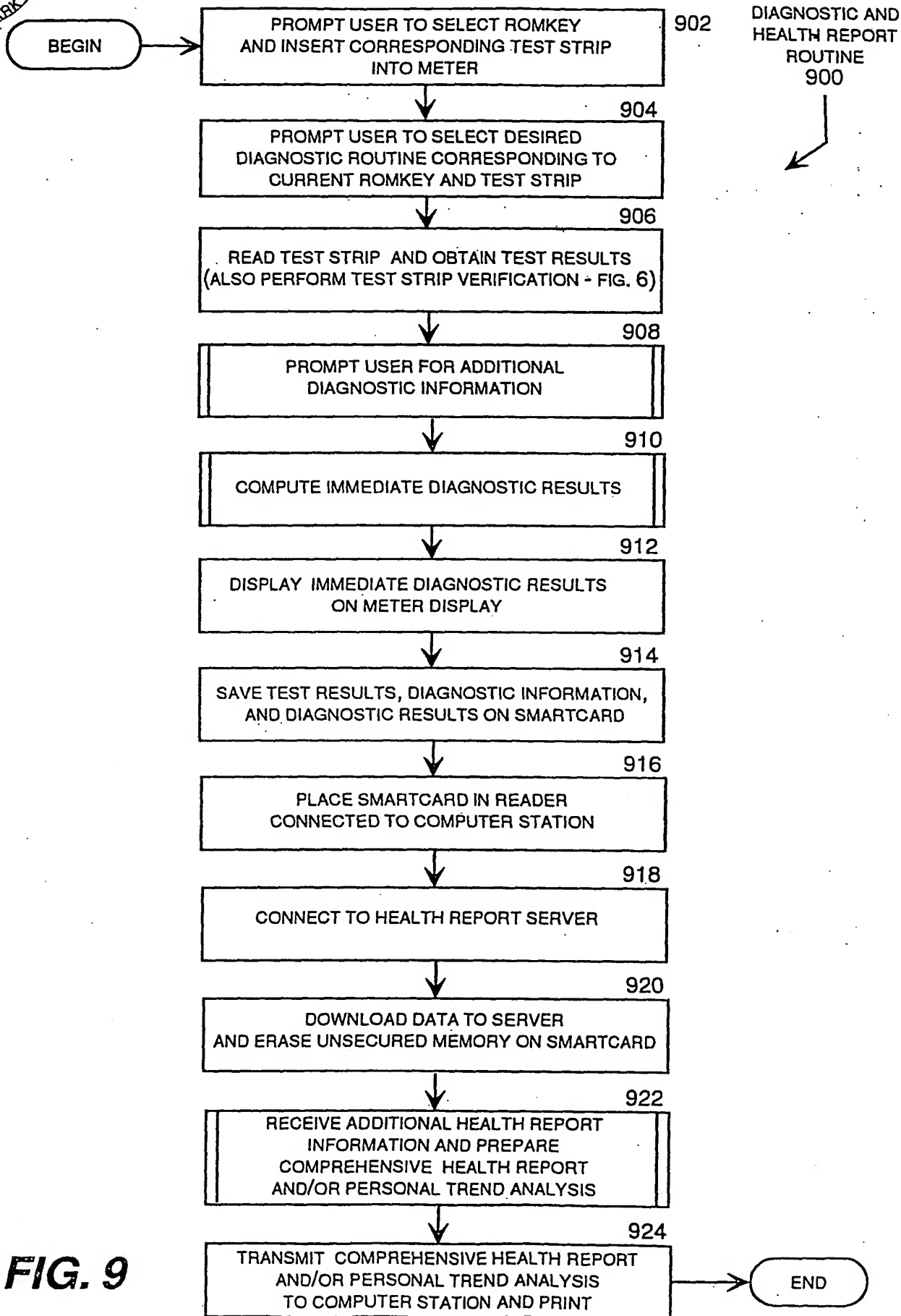
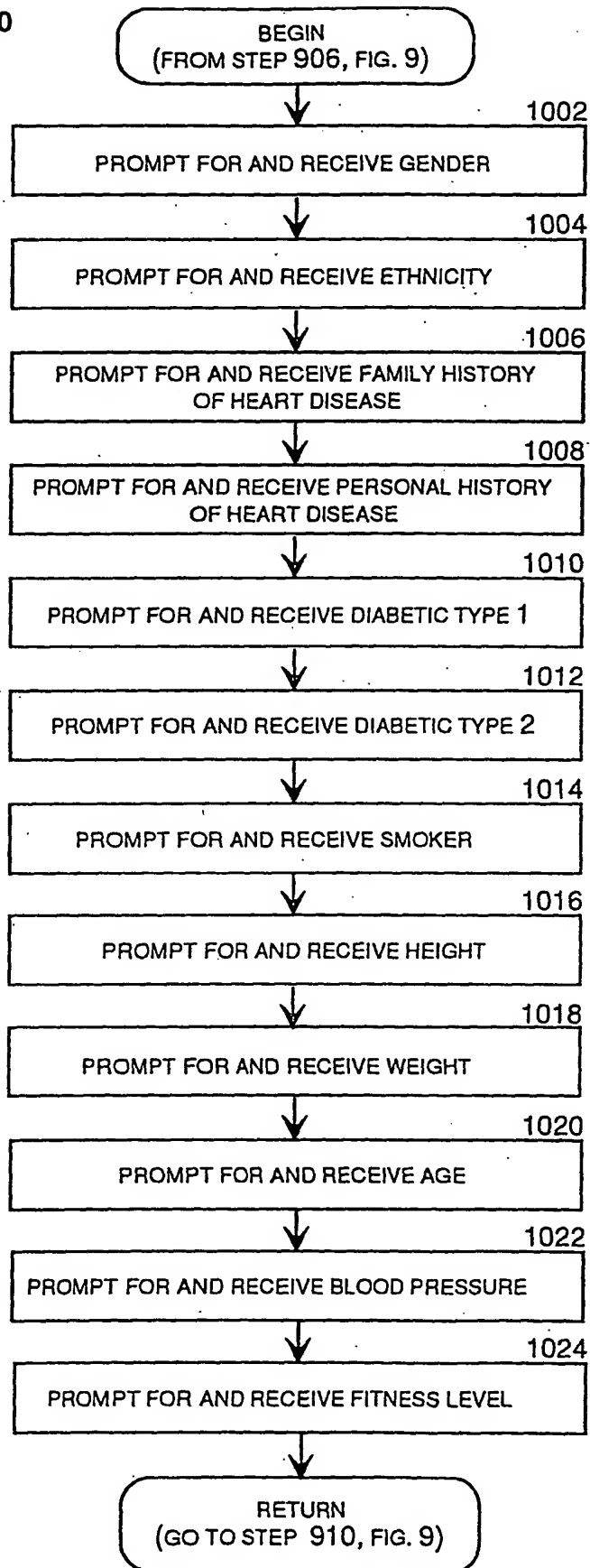


FIG. 9

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EXAMPLE
CHOLESTEROL
ROUTINE
908

FIG. 10

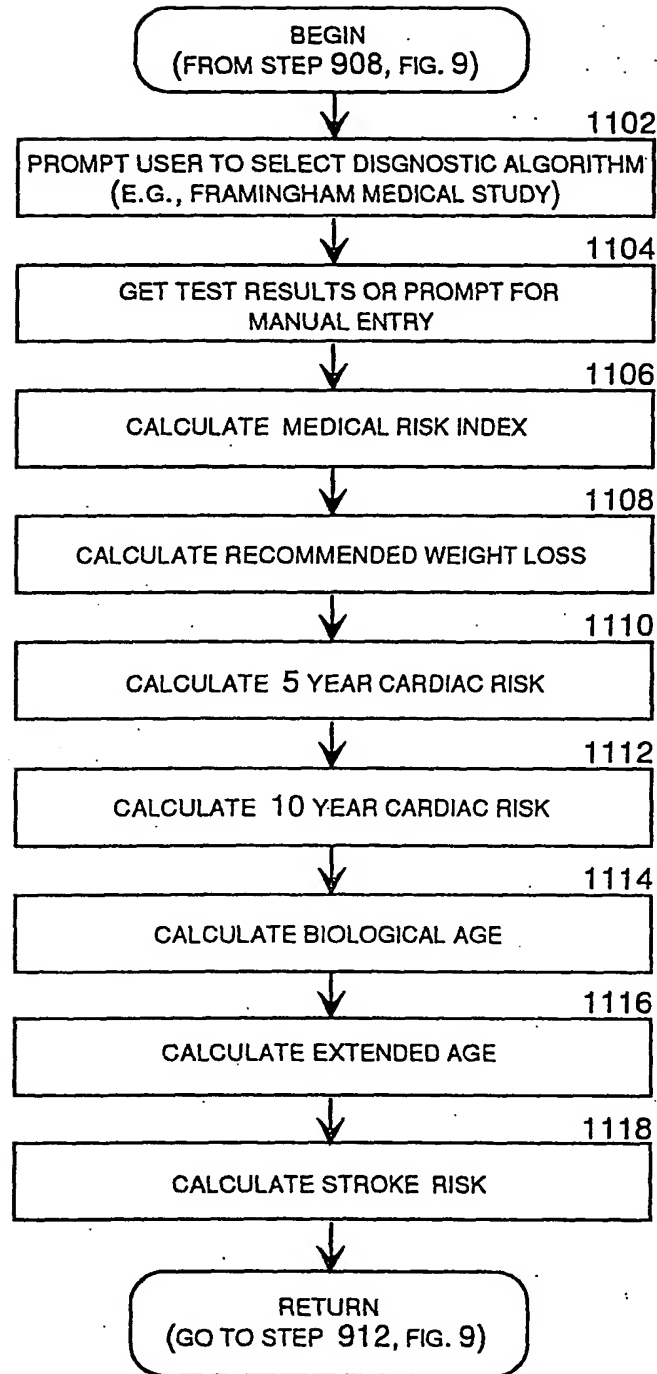


FIG. 11



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EXAMPLE
CHOLESTEROL
ROUTINE
922

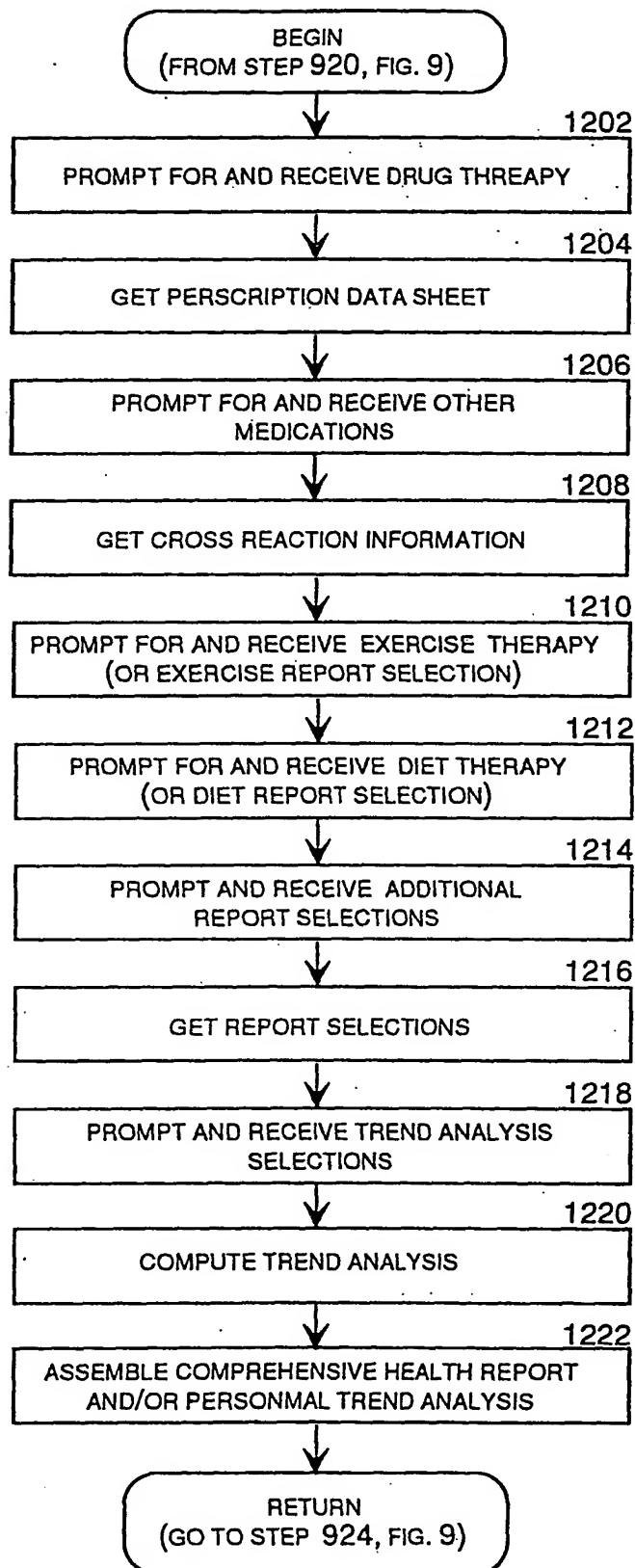


FIG. 12



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READ/WRITE
SECURITY
ROUTINE
1300

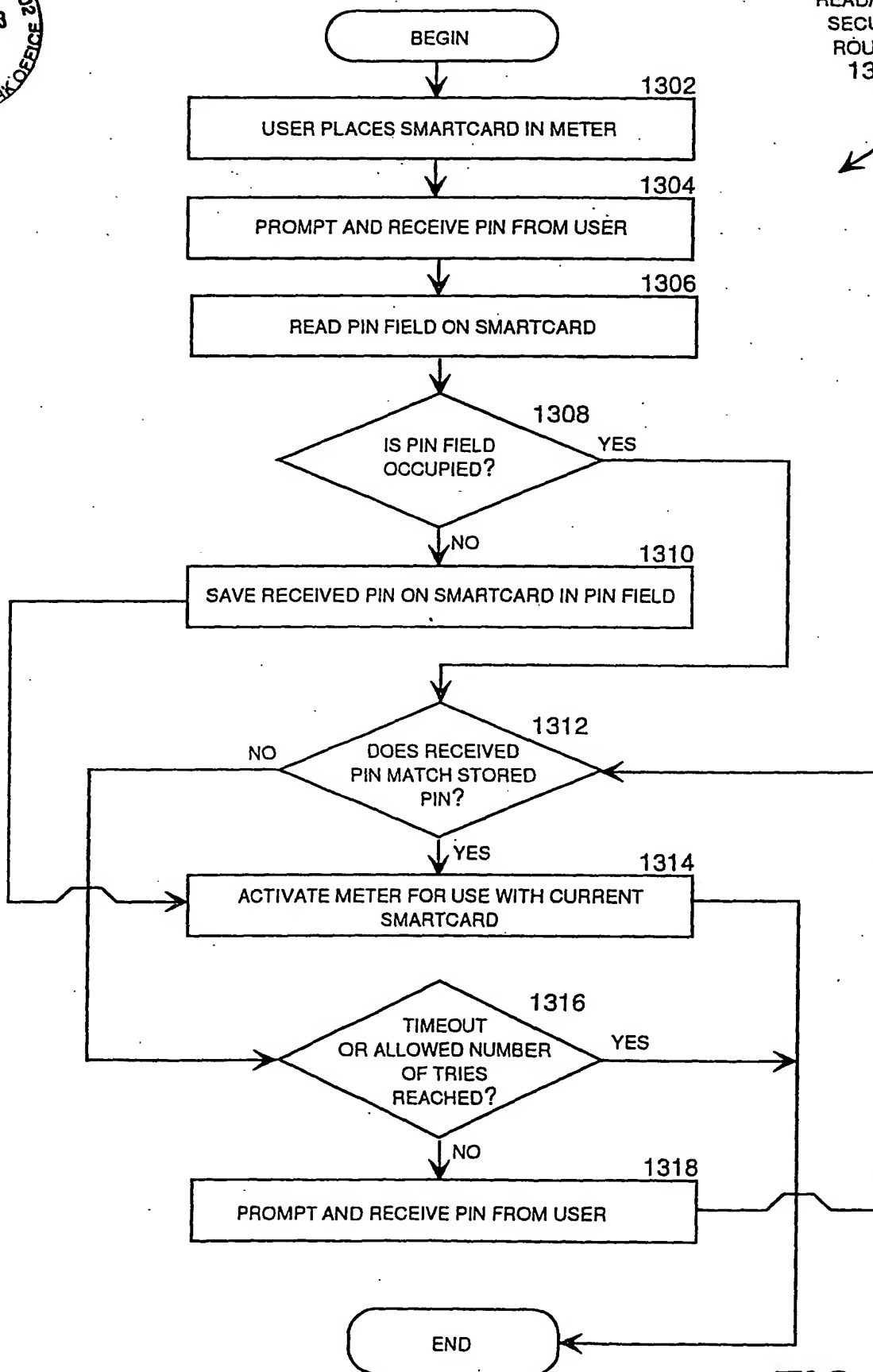


FIG. 13

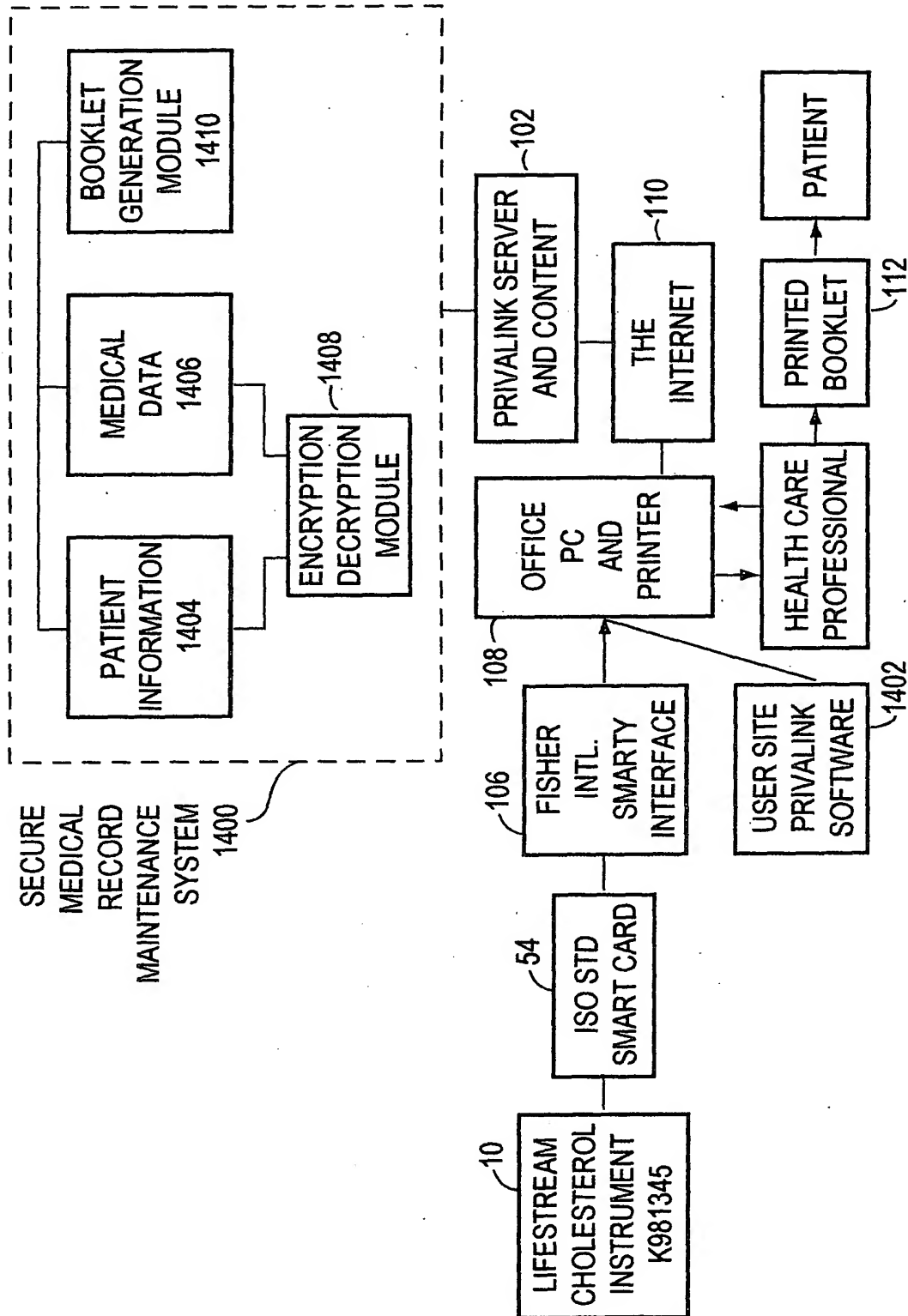


FIG. 14

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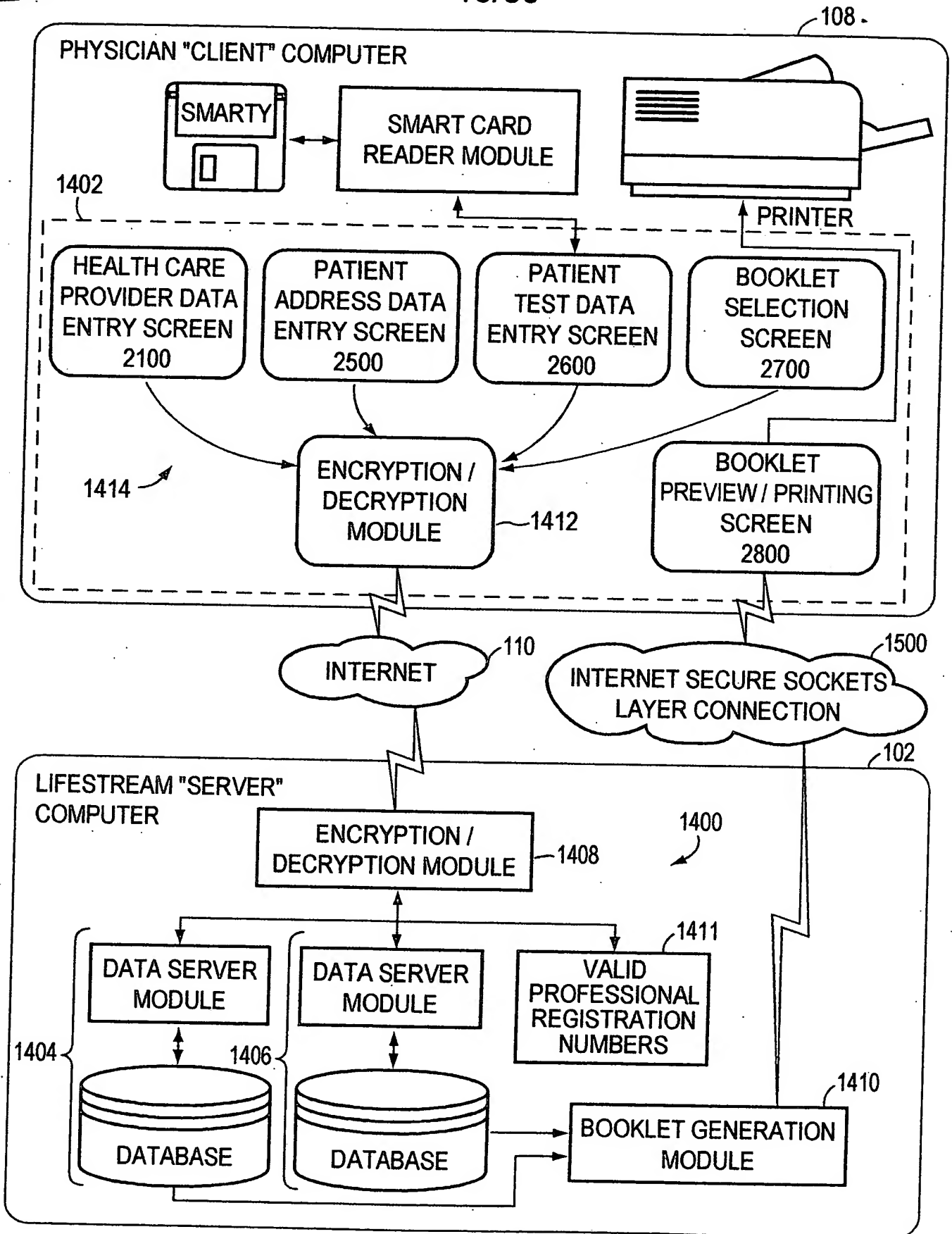


FIG. 15

GLOBAL SYSTEM HARDWARE PICTORIAL

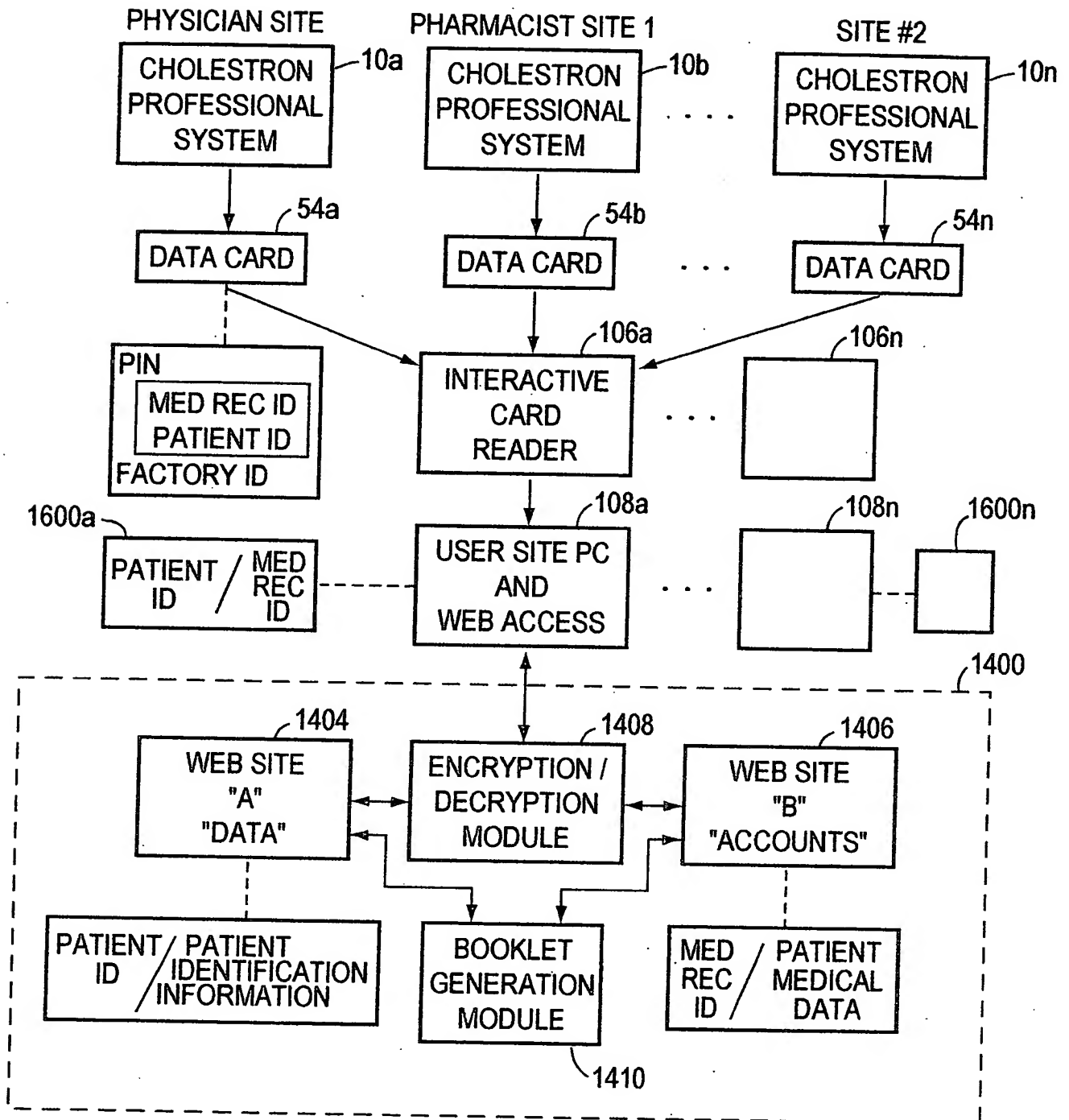
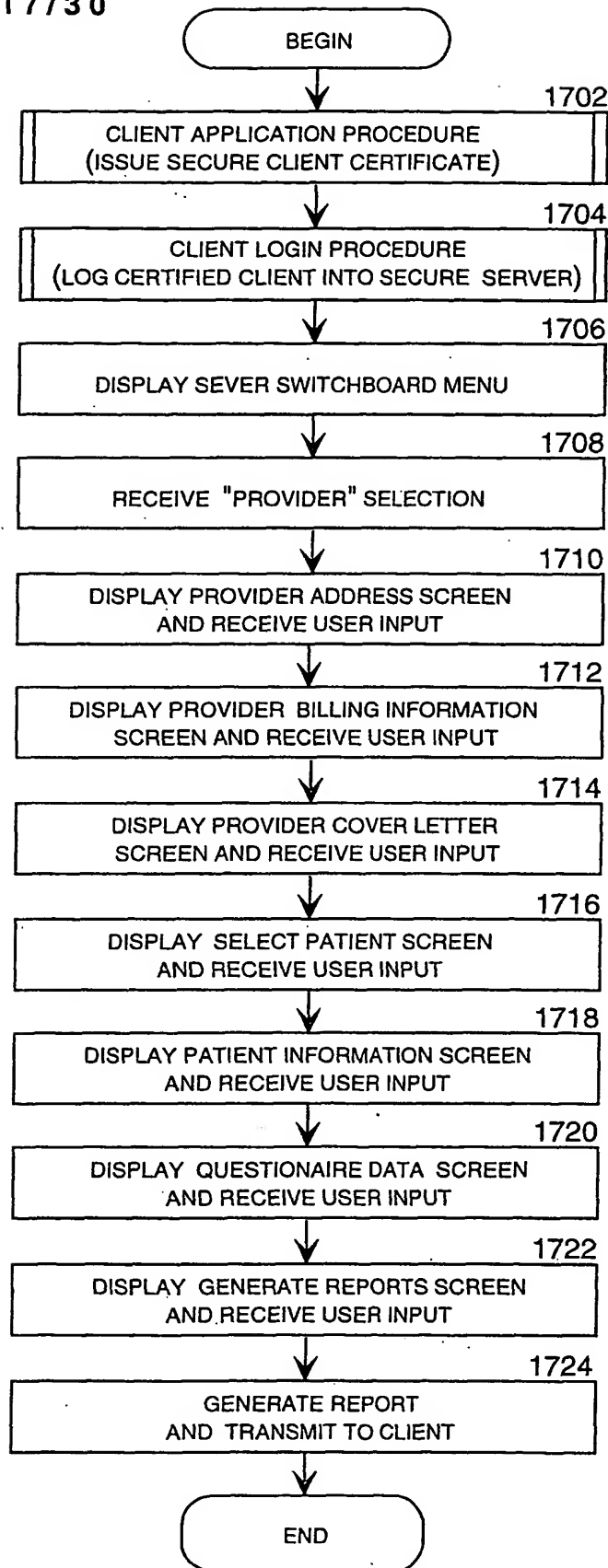


FIG. 16



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CLIENT
ACCESS
ROUTINE
1700



FIG. 17



18/30

CLIENT
APPLICATION
ROUTINE
1702

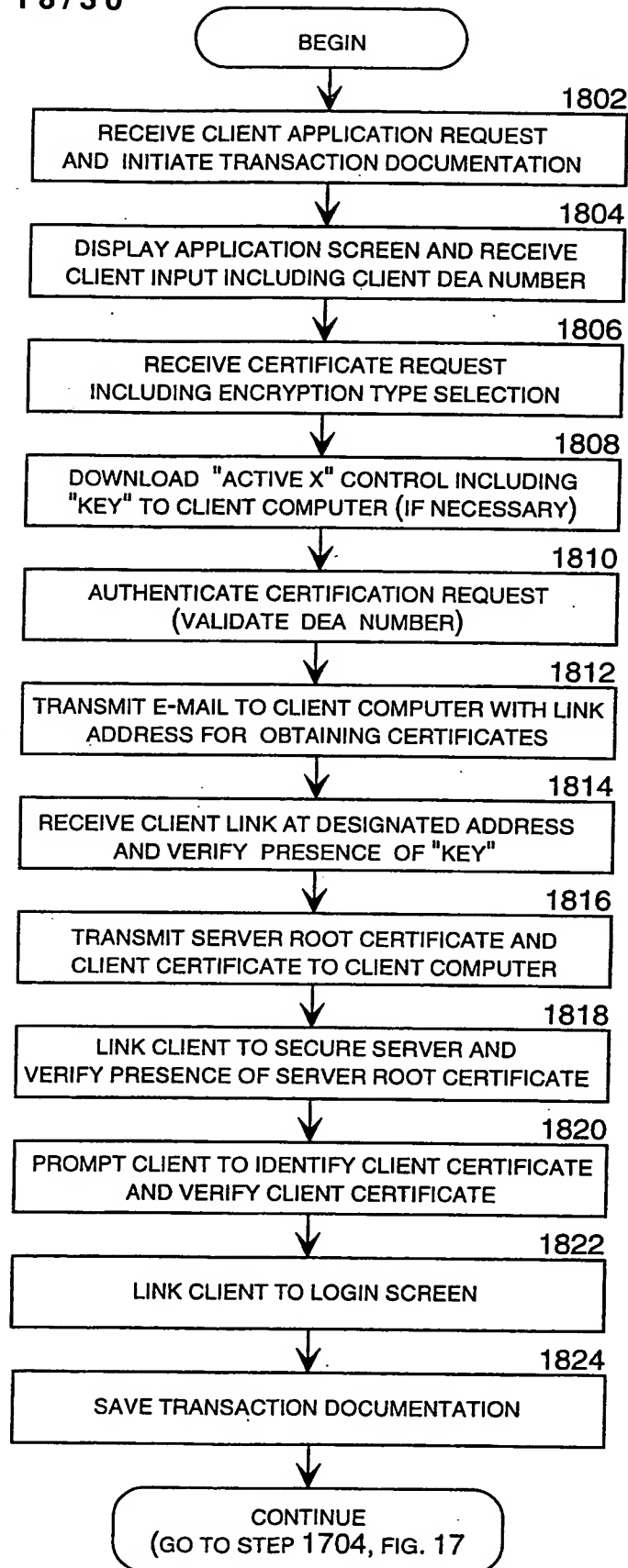


FIG. 18



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CLIENT
LOGIN ROUTINE
1704

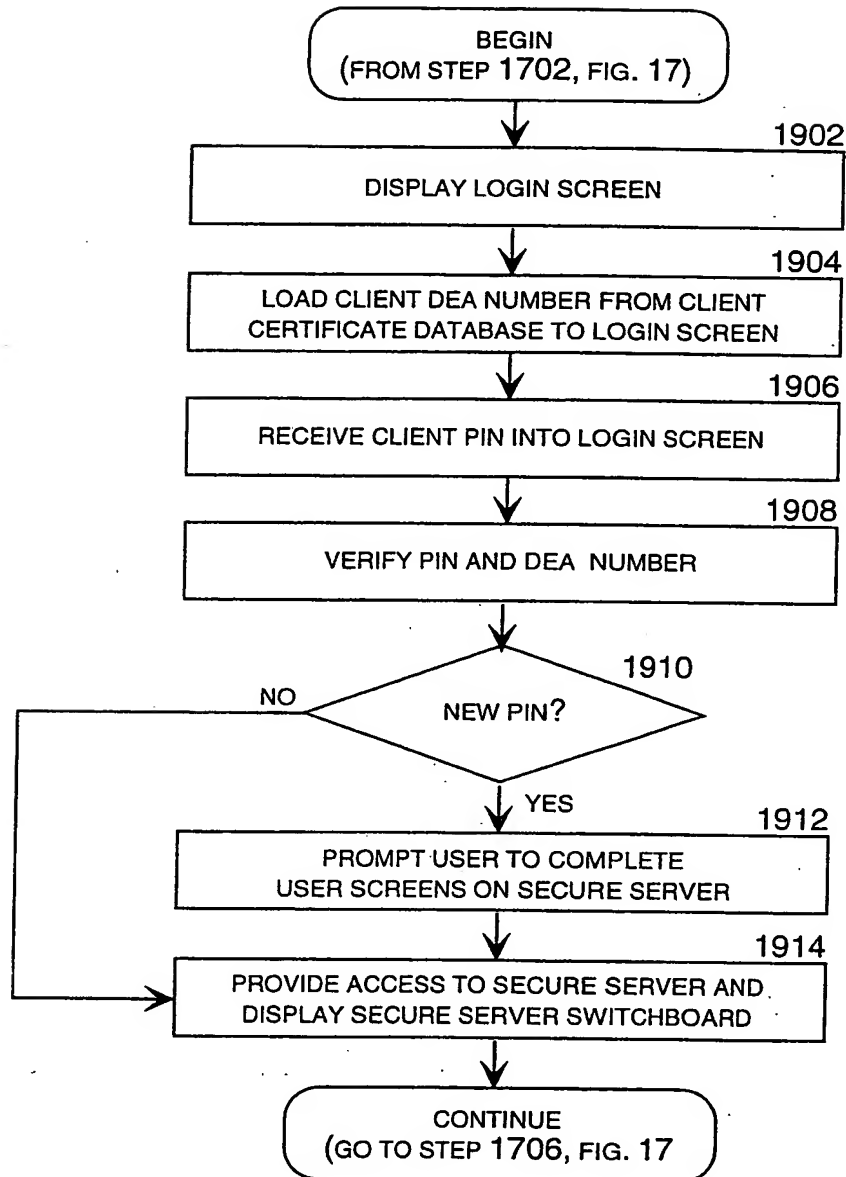


FIG. 19



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INITIAL INPUT SELECTION

2000

2002 2004

Provider	Patients	Programs	Online PDR	Abstracts
----------	----------	----------	------------	-----------

FIG. 20

BILLING MODULE

2100

2102 2106 2108 2110 2104

Address Billing Info Cover Letter

Account

Provider Number: XX1234567 PIN: ****

Name

Title: First: Lifestream Last: Technologies Degree:

Address

Street Address: 510 Clearwater Loop
Suite 101

City: Post Falls State/Region: ID Postal Code: 83854

Country: United States

Other

Phone: (208) 457-9409 Fax: (509) 457-9509

Birthdate: 1/1/60 E-mail: sales@lifestreamtech.com

Associate PIN Numbers

First Name	Last Name
Jane	Worker
Joe	Worker

Add Modify Delete

Notes

1.0.3.4

Save

FIG. 21



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2108

2200

2202

Address Billing Info Cover Letter

Billing Method

Credit Card Information

Credit Card Number Expiration Date

Name on card

Checking Account Information

Checking Account Routing Number


 Save

FIG. 22



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2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

Editor Save

FIG. 23




23/30

2400


1.0.253

Select an existing patient or add a new patient


☒ Select Existing Patient





☐ Add New Patient


 Read SmartCard

Administrative

 Backup

 Recreate Card

 Restore

 Quick List


 Next

FIG. 24




24/30

2500

Patient Information

Account File Number 123		Entry Date 11/24/98
Name First Jill		
Last Smith		
Address Street Address 110 Main		
City Spokane	State/Region WA	Postal Code 99201
Country United States	Language English	
Other Phone (509) 555-1212		
Fax 		
Birthdate 1/1/50		
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female		
E-mail 		
<input checked="" type="checkbox"/> Include on Mailing List		
Notes 		

 Save

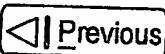
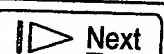
 Previous  Next

FIG. 25



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2600

Questionnaire Data

Patient

File Number	First	Last	Test Time Stamp
123	Jill	Smith	12/8/98 10:16:01AM

Risk Components

Family History	<input checked="" type="checkbox"/>	Height	68 <input type="text"/> inches	Glucose	0 <input type="text"/> mg/dl
Personal History	<input type="checkbox"/>	Weight	165 <input type="text"/> pounds	Body Fat	24 <input type="text"/> %
CVD	<input type="checkbox"/>	Age	48 <input type="text"/> Years	Systolic	140 <input type="text"/>
AF	<input type="checkbox"/>	Chol	215 <input type="text"/> mg/dl	Diastolic	80 <input type="text"/>
LVH	<input type="checkbox"/>	Tng	0 <input type="text"/> mg/dl	Fitness	Sedentary <input type="text"/>
Diabetes Type 1	<input type="checkbox"/>	LDL	0 <input type="text"/> mg/dl	Ethnicity	Caucasian <input type="text"/>
Diabetes Type 2	<input type="checkbox"/>	HDL	0 <input type="text"/> mg/dl	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Smoker	<input checked="" type="checkbox"/>				

Navigation:

Record 1 of 1

FIG. 26



26/30


2700

Generate Reports

Current Test
File Number: 123 First: Jill Last: Smith Test Time Stamp: 12/8/98 10:16:01AM

☒ Full Program Lifestyle Therapy: None
☒ Cover Letter NCEP
☒ Summary
☒ Evaluation
☒ Receipt

Lipid Drug: None Blood Pressure Drug: None

 **Generate Report**


 **Previous**

FIG. 27



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CORONARY RISK FACTORS		TEST RESULTS	IDEAL RANGE	GOALS
IDEAL IDEAL	GENDER	MALE		
	PERSONAL HISTORY	NO	NONE	
	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
MODERATE HIGH	LVH	NO		
	DIABETES (TYPE 1)	YES	NONE	
	SMOKER	YES	NO	
	HEIGHT	66 in		
	WEIGHT	155 lbs		
MODERATE	AGE	44		
	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
IDEAL IDEAL LOW LOW	GLUCOSE	N/A		
	PERCENTAGE OF BODY FAT	N/A	18%	
	BP SYSTOLIC	115	< 120	
	BP DIASTOLIC	80	< 80	
	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28



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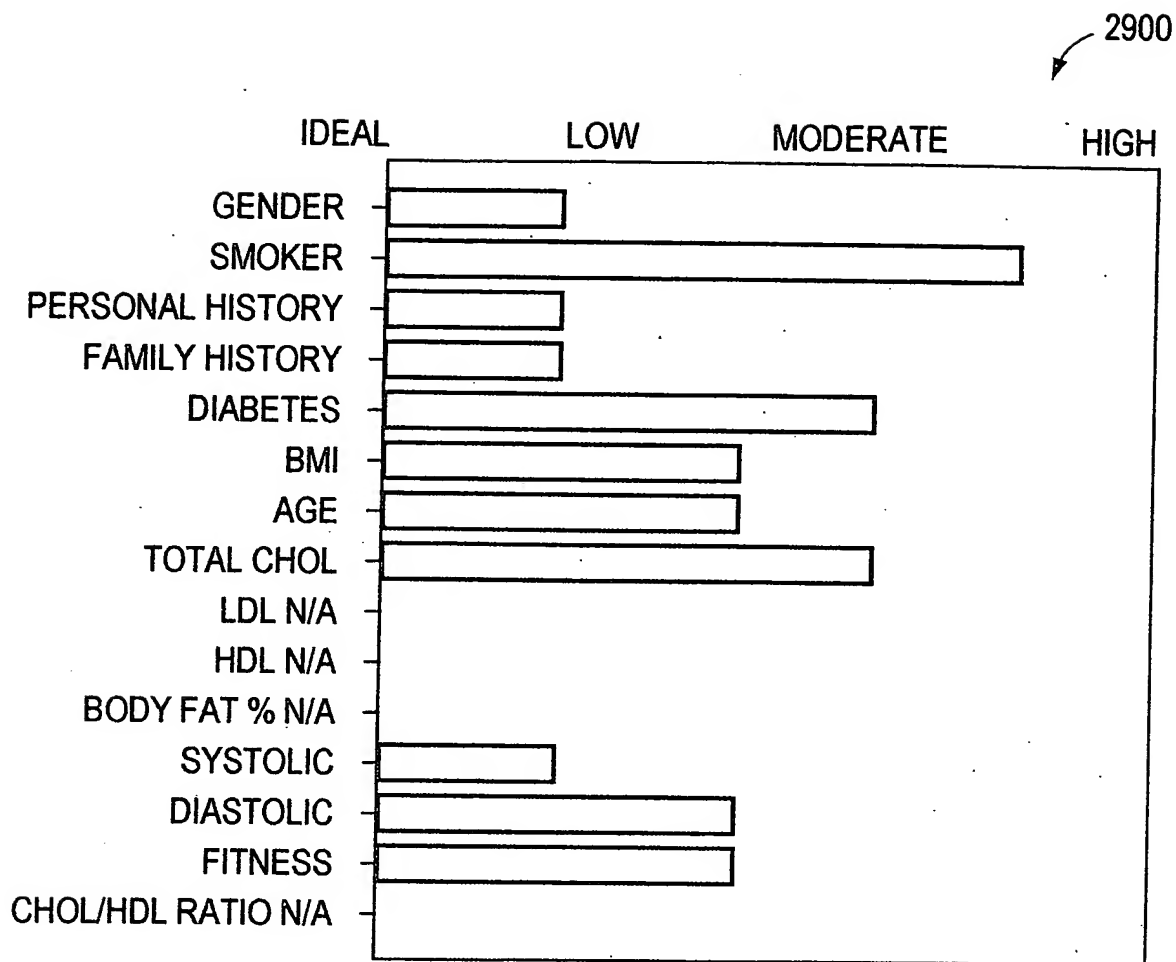


FIG. 29



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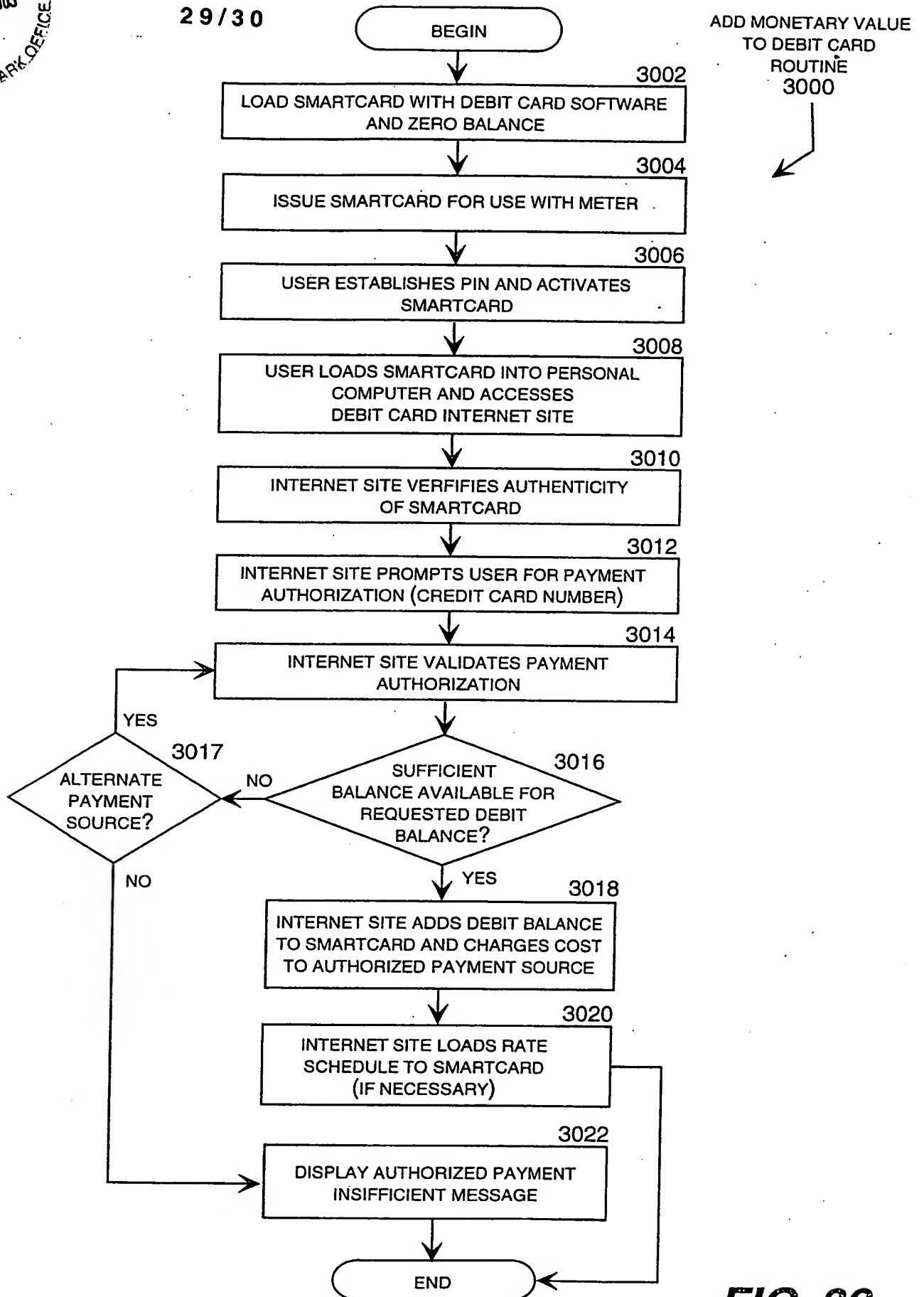
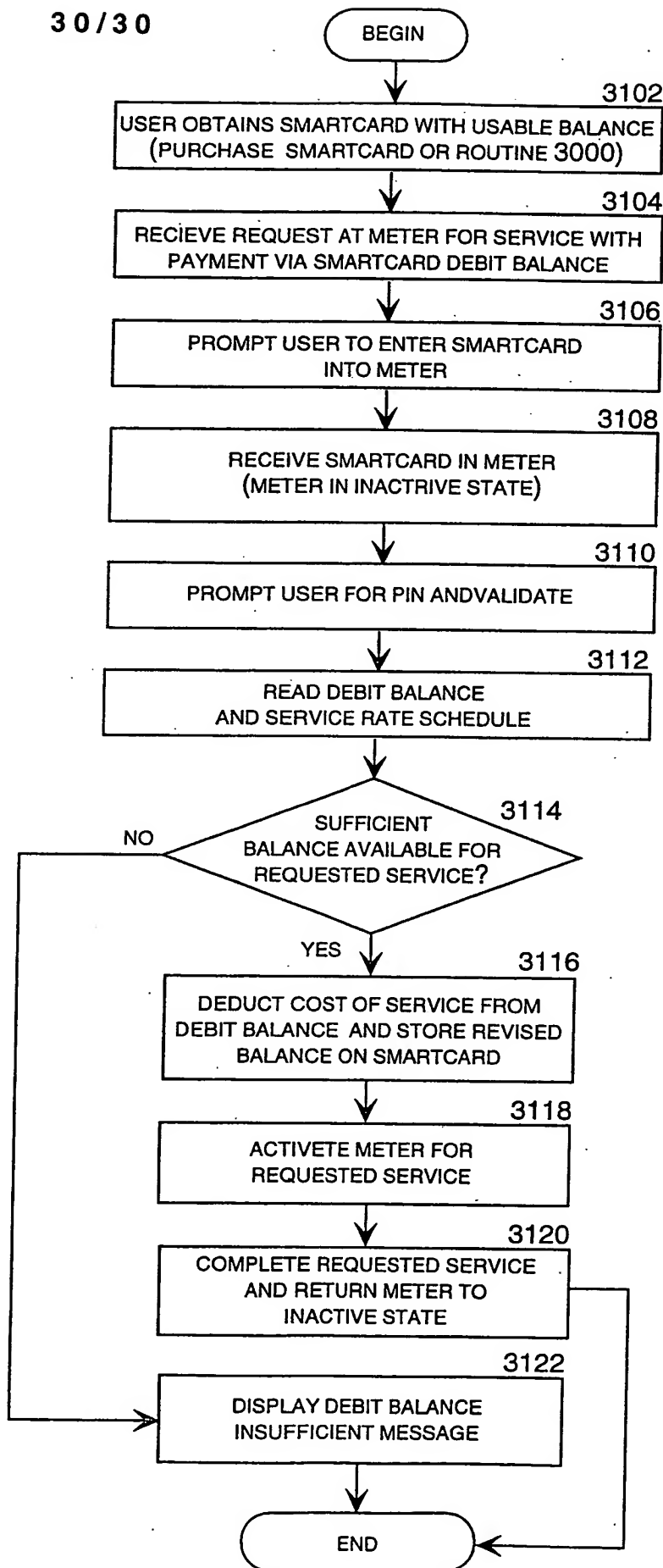


FIG. 30



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USE DEBIT CARD
ROUTINE
3100

FIG. 31